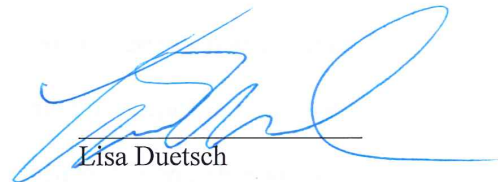


Exhibit C

7. The signature appearing on the State of Louisiana Uninsured/Underinsured Motorist Bodily Injury Coverage Form (attached hereto as **Exhibit 3**) is my own;
8. I knowingly and voluntarily signed the State of Louisiana Uninsured/Underinsured Motorist Bodily Injury Coverage Form on May 30, 2013 in my capacity as Manager, Risk & Insurance for Plum Creek;
9. The signature appearing on the West Virginia Excess Uninsured and Underinsured Motorists Coverage Selection or Rejection Form (attached hereto as **Exhibit 4**) is my own;
10. I knowingly and voluntarily signed the West Virginia Excess Uninsured and Underinsured Motorists Coverage Selection or Rejection Form on May 30, 2013 in my capacity as Manager, Risk & Insurance for Plum Creek.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5/20/16 (Date).



Lisa Duetsch

47903075

Exhibit 1

Exhibit 2

FLORIDA UMBRELLA/EXCESS UNINSURED MOTORISTS COVERAGE SELECTION OR REJECTION FORM

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE
WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED
MOTORIST LIMITS THAT CANNOT BE STACKED WHEN
YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Applicant/Named Insured (please print or type):

PLUM CREEK TIMBER COMPANY, INC.

Explanation of Uninsured Motorists Coverage
Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes the coverage and the options for coverage potentially available on your umbrella/excess policy. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

We offer you the option to select Florida Umbrella/Excess Uninsured Motorists Coverage at a limit up to this policy's Each Occurrence Limit or \$1,000,000 each accident, whichever is less. You may reject the coverage as indicated below.

However if you wish to select this coverage on this Umbrella/Excess policy, we require that you maintain Florida Uninsured Motorists Coverage on your underlying commercial auto liability policy at limits at least as high as that policy's bodily injury liability limits for this Umbrella/Excess Uninsured Motorists Coverage to apply.

Uninsured Motorists Coverage provides protection for bodily injury, sickness, or disease, including death for the protection of insureds thereunder who are legally entitled to recover from owners of uninsured motor vehicles because of bodily injury, sickness, or disease, including death, suffered by any person under the policy.

Uninsured Motorists Coverage also provides protection for insureds for bodily injury, sickness, or disease, including death, suffered by any person insured under the policy, where the limits of coverage available for payment to the insured under all bodily injury liability bonds and insurance policies covering persons liable to the insured are not enough to pay the full amount the insured is legally entitled to recover as damages.

You may accept or reject Uninsured Motorists Coverage in this umbrella/excess policy by initialing and signing below. Rejection of such coverage by you shall constitute a rejection of coverage by all insureds, shall apply to all vehicles then or thereafter eligible to be covered under the policy, and shall remain effective upon policy amendment or renewal, unless you request a change in coverage in writing to the Company.

<u>MAF</u> (Initials)	I wish to reject Florida Umbrella/Excess Uninsured Motorists Coverage.
 (Initials)	I wish to select the Florida Umbrella/Excess Uninsured Motorists Coverage up to this policy's Each Occurrence Limit or \$1,000,000 each accident, whichever is less, and I agree to maintain Uninsured Motorists Coverage on my underlying commercial auto liability insurance policy at limits at least as high as that policy's bodily injury liability limits. I understand that this coverage will be on a non-stacked basis, regardless of the number of autos insured.
<u>[Signature]</u> Signature Of Applicant/Named Insured	
	<u>5/30/13</u> Date

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Page 1 of 1

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Exhibit 3

Exhibit 4

WEST VIRGINIA EXCESS UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION OR REJECTION FORM

Applicant/Named Insured:

PLUM CREEK TIMBER COMPANY, INC.

TO: PROPOSED POLICYHOLDER (APPLICANT)

IF YOU DO NOT RETURN THESE FORMS TO YOUR INSURER WITHIN THIRTY (30) DAYS OR PRIOR TO THE POLICY EFFECTIVE DATE, WHICHEVER IS EARLIER, YOU WILL BE PRESUMED TO HAVE REJECTED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES.

OR

PRESENT POLICYHOLDER

IF YOU DO NOT RETURN THESE FORMS TO YOUR INSURER WITHIN THIRTY (30) DAYS OR PRIOR TO THE POLICY RENEWAL DATE, WHICHEVER IS EARLIER, YOUR COVERAGE WILL STAY THE SAME AS IT IS NOW. THIS IS AN OPPORTUNITY TO CHANGE THE COVERAGE YOU PRESENTLY HAVE.

West Virginia law permits you to make certain decisions regarding UNinsured and UNDERinsured Motorists Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding UNinsured or UNDERinsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage potentially available on your umbrella policy. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

A. UNinsured Motorists Coverage

The State of West Virginia requires that you purchase UNinsured motorists coverage with limits of not less of \$20,000 per person, \$40,000 per accident for UNinsured bodily injury losses, and \$10,000 for UNinsured property losses under your basic automobile coverage.

In your case, you have opted to purchase umbrella coverage which is also written to cover automobile liability. Therefore, the law also requires that you be given the opportunity to purchase uninsured motorists coverage in an amount not less than the liability limit or limits selected on the excess or umbrella policy as well. This offer requires you to maintain UNinsured Motorists Coverage on your underlying commercial auto liability policy equal to that policy's bodily injury limit.

UNinsured Motorists Coverage may protect you and passengers in your car if you are injured in an accident that was caused by a driver who was at-fault, or an unidentified driver who was at-fault but who does not have insurance to pay for your damages.

B. UNDERinsured Motorists Coverage

The State of West Virginia does not require you to purchase any UNDERinsured motorists coverage under your basic automobile policy. However, the law does state that you must be given the opportunity to purchase this coverage in an amount not less than your liability coverage. In your case, you have opted to purchase umbrella coverage which is also written to cover automobile liability. Therefore, the law also requires that you be given the opportunity to purchase UNDERinsured motorists coverage in an amount not less than the liability limit or limits selected on the umbrella policy as well. This offer requires you to maintain UNinsured Motorists Coverage on your underlying commercial auto liability policy equal to that policy's bodily injury limit.

UNDERinsured motorists coverage may protect you and passengers in your car if you are involved in an accident which was caused by a driver who was at-fault but the at-fault driver's insurance policy is not sufficient to pay for your damages. In some cases the at-fault driver will not have enough liability coverage to pay for all the damages you have suffered. In order for you to protect yourself and others in your car, UNDERinsured motorists coverage is available to you. This type of coverage may pay for the remainder of your damages up to your policy limits.

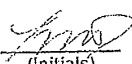
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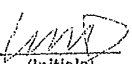
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Page 1 of 2

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You may accept or reject UNinsured Motorists Coverage or UNDERinsured Motorists Coverage in this umbrella policy by initialing and signing below. Rejection of such coverage by you shall constitute a rejection of coverage by all insureds, shall apply to all vehicles then or thereafter eligible to be covered under the policy, and shall remain effective upon policy amendment or renewal, unless you request a change in coverage in writing to the Company.

_____ (Initials)	I wish to SELECT West Virginia Excess <u>UN</u> insured Motorists Coverage at a limit equal to this policy's bodily injury limit for each accident, and I agree to maintain West Virginia <u>UN</u> insured Motorists Coverage on my underlying commercial auto liability policy at limits at least as high as that policy's bodily injury limits.
_____ (Initials)	I wish to SELECT West Virginia Excess <u>UN</u> insured Motorists Coverage at a limit of _____, and I agree to maintain West Virginia <u>UN</u> insured Motorists Coverage on my underlying commercial auto liability policy at limits at least as high as that policy's bodily injury limits.
 (Initials)	I REJECT <u>UN</u> insured Motorists Coverage.

_____ (Initials)	I wish to SELECT West Virginia Excess <u>UNDER</u> insured Motorists Coverage at a limit equal to this policy's bodily injury limit for each accident, and I agree to maintain West Virginia <u>UNDER</u> insured Motorists Coverage on my underlying commercial auto liability policy at limits at least as high as that policy's bodily injury limits.
_____ (Initials)	I wish to SELECT West Virginia Excess <u>UNDER</u> insured Motorists Coverage at a limit of _____, and I agree to maintain West Virginia <u>UNDER</u> insured Motorists Coverage on my underlying commercial auto liability policy at limits at least as high as that policy's bodily injury limits.
 (Initials)	I REJECT <u>UNDER</u> insured Motorists Coverage.

Applicant's/Named Insured's Signature

5/30/13
Date